

CLAIMS ONLY						Application Number <u>10/628890</u>	Filing Date	
						Applicant(s)		
<b>03-17-05</b>								
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			1					
Total Depend			25					
Total Claims			26					
Total Indep								
Total Depend								
Total Claims								